std/aids control annual report 2001
BC Centre for Disease Control

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STD/AIDS Control

The British Columbia Centre for Disease Control is a provincial organization dedicated to the prevention and control of communicable diseases in British Columbia.

The Division of STD/AIDS Control is exclusively focused on the prevention and control of sexually-transmitted diseases (STDs), including HIV and AIDS.

Located in Vancouver, our activities fall into four main areas:

- we coordinate province-wide efforts to reduce the spread and minimize the adverse effects of STDs. We do this through education programs, contact tracing and partner notification. The division works with clients both directly, through clinics and outreach workers, and indirectly through local and regional healthcare providers. The health, dignity and rights of our clients are our foremost concern.
- we provide STD/AIDS-related education and training resources for health care workers throughout the province, including medical residents, interns, public health nurses and other health care providers. We participate in conferences and frequently present on STD-related subjects, both in B.C. and in other jurisdictions.
- we provide epidemiologic data analysis and consulting services, acting as the provincial reporting centre for cases of STDs and AIDS. Provincial law requires most STDs be reported, so that trends and patterns can be accurately measured. Our role is to record, track and share this important data for the benefit of provincial health care authorities, as well as authorities in other jurisdictions including international organizations and governments.
- we participate in STD/AIDS related research and teaching as a university affiliated organization which helps us remain current in our approach.

This annual report describes some of the objectives, activities and achievements that marked the past year at STD/AIDS Control. It also includes detailed epidemiology statistics. More information on many of the subjects discussed here can be found on our website at www.bccdc.org, or through our Resource Centre at 604-660-2090.

highlights of 2001

STD/AIDS Control:

Brought to a successful conclusion the Café Hy Vong Project in Ho Chi Minh City, Vietnam.

The goal of this HIV prevention project was to increase local capacity to prevent HIV and thereby decrease the magnitude of the HIV epidemic in Ho Chi Minh City. The project involved components of education, prevention, diagnosis and treatment of STDs.

Over the course of three years a group of trainers from BCCDC assessed training needs, developed training materials and delivered training to Vietnamese health care workers in the areas of STD clinical care, STD clinic administration, STD/HIV outreach services, STD onsite laboratory services and STD education and prevention.

Dr. Deborah Money, MD, FRCSC joined the team of STD/AIDS Control as Associate Director in January 2001.

Dr. Money's specialty is Obstetrics and Gynecology with a sub specialty in Infectious Disease.

While at STD Control Dr. Money took a leading role in the reformulation of the street nurse program, the expansion of the Chee Mamuk program and the Divisional Research Program.

In April 2002 Dr. Money assumed the position of Division Head, Maternal Fetal Medicine at BC Women's and Children's Hospital.

The Chee Mamuk [meaning "New Work"] Program formally introduced their new name in a witness ceremony held November 30th, 2001 on the eve of World AIDS Day. The occasion was also used to unveil an Aboriginal poster in commemoration of Aboriginal AIDS Awareness Week.

The name Chee Mamuk builds on a concept of weaving cultural strengths into the "new work" of HIV/AIDS, hepatitis and STD prevention and education in Aboriginal communities. This is the basis and model used by the Chee Mamuk program in their workshops throughout the province.

director's letter

Dr. Michael Rekart, Director

A Message from the Director

2001 was an important year for STD/AIDS Control. We said good-bye to long time employees Norah Young, Avril Hunyadi, Dorothy Rachar and Pat Lauener-Romses. We officially concluded Café Hy Vong, a three-year HIV prevention pilot project in Ho Chi Minh City, Vietnam.

We welcomed a new Associate Director, Dr. Deborah Money, who provided valuable support and leadership to the Street Nurses, Chee Mamuk and our Research Program. Dr. Money also brought to STD/AIDS her experience and commitment to reproductive health.

The Division continued its tradition of delivering high-quality, free, confidential and compassionate care, education and support to thousands of patients and clients. We worked hard to improve the quality, timeliness and usefulness of the data that we collect on sexually transmitted diseases, HIV/AIDS and behavior. As well, we expanded and enhanced our ability to provide information and resources to the public and the public health community in British Columbia and Canada. This new format for our Annual Report is one example.

Although our ability is limited to accurately estimate the prevalence and incidence of STDs and HIV in BC, we witnessed decreases in new reports for most of these conditions. In 2002, we plan to improve the quality and accuracy of our data collection and disease estimation methods.

In the midst of important changes in the structure and administration of health care in British Columbia in 2001, the STD/AIDS Control Program evolved and improved. I am proud of the excellent services, resources and expertise that our division continues to deliver to healthcare providers and residents of this province.

Michael L. Rekart

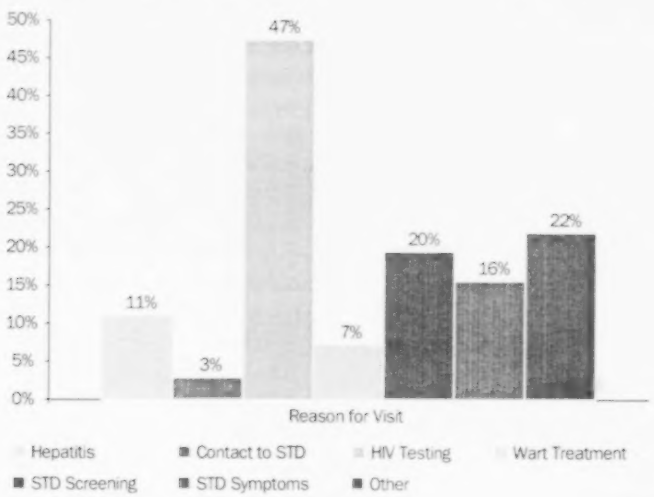
Dr. Michael Rekart
Director, STD/AIDS Control

clinical activities

STD Clinic and Street Nurses

The division's patient services are delivered through two principal channels: the STD Clinic, located in the BCCDC building at 655 West 12th Avenue in Vancouver, and the Street Nurse Program, which operates from a number of locations throughout the city.

1.1 Reason For Visit



During 2001, the STD Clinic and Street Nurse Program recorded 17,769 clinic visits. In 8,427 or 47% of all clinic visits, HIV testing was a reason for the visit. This includes some aspect of HIV testing such as pre-test or post-test counselling or follow-up. Forty-five percent of visits were because of concern about an STD, with 16% presenting with symptoms, 20% requesting screening, 7 % presenting for genital wart treatment, and 3% were contacts to a known STD. In 11% of visits the client presented for hepatitis A or B vaccination.

* *Other includes: Birth control, counselling, consultation, follow-up, immigration, pregnancy test, results, TB skin testing, treatment, test of cure.*

** *Percentages do not equal 100% because one client may have several reasons for visit (e.g. HIV testing, symptoms and STD screening).*

West 12th STD Clinic

The STD Clinic on 12th Avenue is centrally located, easily accessible to clients, close to the downtown core and adjacent to Vancouver General Hospital. As the site of our primary clinical facility, it provides STD assessment and management services, including HIV testing, for clients from throughout the Lower Mainland. In addition, it is the centre of our epidemiology, education, research and administration activities. At this location we:

- conduct STD surveillance, reporting, data management and related epidemiology services
- conduct and co-ordinate ongoing STD/AIDS research at our own and affiliated facilities
- provide training in STD clinical management for health care workers from across the province
- operate the province-wide STD/AIDS information phone line
- maintain an STD/AIDS education resource centre for province-wide use
- provide overall administration of all division operations

1.2 West 12th STD Clinic Visits

	1994	1995	1996	1997	1998	1999	2000	2001
STD	8525	7959	7962	8040	7468	5792	4874	4630
HIV	6018	6154	6368	6108	5617	3165	3012	2488
STD & HIV	0	0	0	0	309	3093	3591	3477
Total	14543	14113	14330	14148	13394	12050	11477	10595

Years

Prior to 2000, HIV testing required two visits (pre and post test). In 2000 and 2001, use of a rapid, point of care HIV test eliminated the need for a second visit in many instances.

Street Nurse Program (STD/AIDS Outreach)

The Street Nurse Program is the outreach component of STD/AIDS Control. The focus of this unique nursing-based program is to offer STD/AIDS diagnosis, treatment and prevention services to marginalized at-risk populations, including drug users, sex trade workers, street-involved youth and adults, refugees, the homeless, and gay, lesbian and transgendered persons. Embracing a framework of prevention, health promotion, and harm reduction, the program includes outreach, clinical, educational, and research components. There were 58,172 client encounters in 2001.

Clinical services are provided at street based clinics. Main Street Clinic and Bute Street Clinic operate as dedicated clinical sites. On scheduled days throughout the week street nurses provide mobile clinical services at a variety of sites inside community service organizations. The Street Nurse Program takes the service beyond the walls of institutional settings to the streets, alleys, hotels and parks where people congregate. In addition, this close interaction with other health facilities, drug and alcohol programs and community agencies helps the street nurses assist clients to access appropriate services for their individual needs. The team has established strong relationships in the community by honoring people through respect and acceptance.

Education is an integral component of the Street Nurse Program. STD/HIV education and harm reduction, disease prevention and health promotion occur in the context of individual clients as well as in the community. Workshops and presentations are given to client groups, inmates, community agencies and others. Sessions are held at health fairs and in parks, along with more formal settings.

A provincial "street nurse distance education program" is being developed by the street nurses in conjunction with the divisional education coordinator. Several nurses from around the province participated in the pilot phase in 2001. An evaluation is underway and ongoing development of the program is anticipated in 2002.

Research • In 2001, a research project, called *"A Study of the Drug Behaviours of the Inmates of Burnaby Correctional Centre for Women (BCCW)"* was carried out by two street nurses in conjunction with Dr. Ruth Martin at BCCW. The study arose out of observed hepatitis C seroconversions within the jail. The study aimed to identify drug use behaviours prior to incarceration, drug and injection drug use in BCCW, risk factors for infectious disease transmission related to drug use and prison related harm reduction strategies. The study has been presented at several conferences and is being prepared for publication.

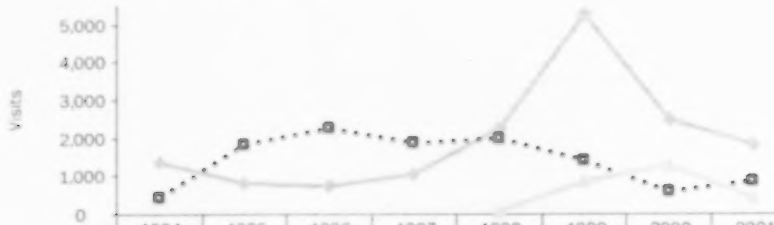
The effectiveness of the Street Nurse Program is enhanced by the commitment to ongoing evaluation of the program and the willingness to develop creative strategies to reduce the transmission of STD and HIV in the context of the changing community and healthcare environment.

Main Street Clinic

The Main Street Clinic is located in the Downtown Eastside of Vancouver, a community challenged by a disproportionately high prevalence of addiction and substance abuse, mental health problems, sex trade involvement, physical and sexual abuse, homelessness, poverty and chronic health conditions such as HIV, tuberculosis and hepatitis C.

The clinic is located above the main Vancouver needle exchange, across the street from the provincial courthouse. It is accessed by a broad range of marginalized people who are at high risk for STDs, HIV and hepatitis C. Clinic staff provide STD and HIV counselling, education, testing, treatment and follow-up. Needle exchange and education in harm reduction practices are integral to all health services offered. Working closely with other agencies, clinic staff also provide clients with referrals to services for health and social needs.

1.3 Main Street Clinic Visits



	1994	1995	1996	1997	1998	1999	2000	2001
STD	1,353	831	751	1,056	2,243	5,259	2,513	1,814
HIV	412	1,843	2,259	1,855	1,983	1,391	575	868
STD & HIV	0	0	0	0	81	845	1,292	423
Total Visits	1,765	2,674	3,010	2,911	4,307	7,495	4,380	3,105

Outreach Encounters*	8,822	11,342	13,004	15,971	21,359	22,918	27,700	19,617

Prior to 2000, HIV testing required two visits (pre and post test). In 2000 and 2001, use of a rapid, point of care HIV test eliminated the need for a second visit in many instances.

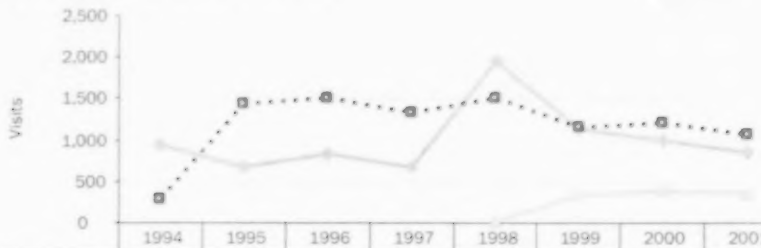
**An outreach "encounter" includes all services to clients for STD/HIV, vaccines, wound care, education and referrals.*

Bute Street Clinic

The Bute Street Clinic is situated in the Lesbian Gay Bisexual Transgendered (LGBT) Community Centre in Vancouver's West End. It serves a primarily gay and bisexual population, though there has been an increase in the number of street involved youth and injection drug users accessing the clinic.

The Bute Street Clinic provides STD/HIV counselling, testing, treatment and follow-up services, along with harm reduction education and needle exchange. The clinic is also the basis for outreach work to bathhouses, gay bars and clubs in the area.

1.4 Bute Street Clinic Visits



	1994	1995	1996	1997	1998	1999	2000	2001
STD	936	673	835	673	1,946	1,137	988	849
HIV	290	1,441	1,514	1,336	1,503	1,150	1,209	1,062
STD & HIV	0	0	0	0	22	334	396	358
Total Visits	1,226	2,114	2,349	2,009	3,471	2,621	2,593	2,269

Outreach Encounters	3,744	4,026	3,825	4,193	5,848	5,332	6,187	6,269

Prior to 2000, HIV testing required two visits (pre and post test). In 2000 and 2001, use of a rapid, point of care HIV test eliminated the need for a second visit in many instances.

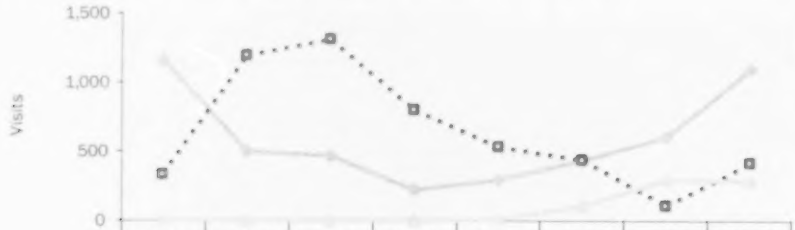
**An outreach "encounter" includes all services to clients for STD/HIV, vaccines, wound care, education and referrals.*

Satellite and Mobile Services

The street nurses offer services through several satellite clinics that operate within space provided in other social service community agencies. Our presence in these locations increases our accessibility, especially among the most marginalized and difficult to reach at-risk populations. Using a harm reduction and health promotion framework, the nurses provide STD and HIV prevention education, counselling, testing, treatment, follow up, vaccinations, and referral to agencies for housing, detox, primary care and other social and health services.

Street nurses also work with clients on the streets of the Downtown Eastside and other areas of the Lower Mainland. Travelling either on foot or by van, they are able to make direct contact with sex trade workers, people living in single room occupancies, the homeless, street youth and others. The mobile services also facilitate enhanced contact tracing and partner notification.

15 Satellite and Mobile Services Clinic Visits



	1994	1995	1996	1997	1998	1999	2000	2001
STD	1,155	495	467	226	300	435	607	1,100
HIV	327	1,191	1,307	797	534	440	105	412
STD & HIV	0	0	0	0	15	109	301	288
Total Visits	1,482	1,686	1,774	1,023	849	984	1,013	1,800

Outreach Encounters	13,652	16,410	22,600	20,816	24,404	26,542	25,309	24,774

**An outreach "encounter" includes all services to clients for STD/HIV, vaccines, wound care, education and referrals.*

Satellite Clinics include: Cordova Detox, Vancouver Detox, BC Correctional Centre for Women, agencies in the DTES (Youth Action Coalition, DTES Women's Centre, Urban Native Youth, First United Church, WISH, Powell Place, Crabtree Corner), agencies in the Downtown South (Covenant House, Street Youth Services, La Boussele, Bath Houses), Broadway Youth Resource Centre and mobile van service.

Prior to 2000, HIV testing required two visits (pre and post test). In 2000 and 2001, use of a rapid, point of care HIV test eliminated the need for a second visit in many instances.

The Chee Mamuk Program

The Chee Mamuk Program (formerly BC Aboriginal AIDS Awareness Program – BCAAAP) was developed by STD/AIDS Control in 1989 to address the rising rates of HIV and AIDS in BC's Aboriginal communities. The program design reflects a recognition of the existence of distinct cultural and social characteristics that merit specifically tailored prevention and health promotion initiatives with community involvement in the planning process.

Chee Mamuk has developed a series of programs to provide STD, AIDS and hepatitis education to Aboriginal communities and organizations throughout the province. Programming includes training for health care and human services workers. The programs are designed to be culturally appropriate, community-based and readily available at the local level. Program content focuses on spiritual, mental and emotional health as well as physical well-being. Facilitators provide referrals, consultation and assistance with local education material development. The program presently employs three full time workers, a Program Manager, an Educator and an Administrative Support person, all of First Nations descent.

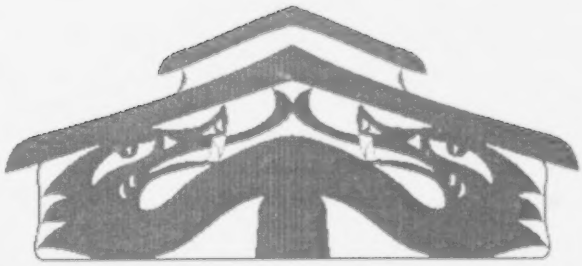
Chee Mamuk's unique approach to serving its client group is well illustrated in the successful "Door to Door" project which was carried out last year. The project targeted four northern communities where no formal HIV/AIDS awareness programs had been implemented in the past year. It employed a local tradition for gathering the community together whereby program facilitators travel "door to door", personally inviting community members to attend the event. The event, in this case, was a workshop on STD/AIDS and hepatitis awareness.

The Chee Mamuk team included representatives from the BC Women's Hospital and the Aboriginal organization *"Healing Our Spirit"*.

The gatherings included a cultural celebration and an evening feast, making the events more relevant than a straight-forward workshop.

Chee Mamuk also works to reach Aboriginal people living in urban areas. In Vancouver, an Elder was contracted to help provide culturally-appropriate activities and programs at a downtown clinic. Since the Elder's arrival, Aboriginal people in the community have become more willing to participate in activities and programs at the clinic.

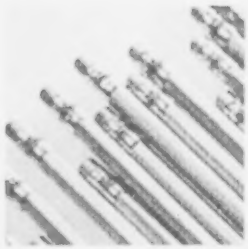
The resource materials produced by Chee Mamuk, including the HIV/AIDS teaching toolkit and the Healing House: Hepatitis Information Kit, are culturally sensitive and speak to the specific health needs of the Aboriginal community. The popularity of these resource materials across Turtle Island (North America) is a testament to the importance of sharing education information with communities and organizations both on and off reserve.



Some of Chee Mamuk's 2001 accomplishments include:

- Completion of a female condom project and awareness campaign
- STD/AIDS and hepatitis awareness workshops, "train the trainer" workshops, presentations at conferences
- Development of an Aboriginal HIV pamphlet series
- Development of "Healing House": Hepatitis C Information Sharing Kit
- Promotion of "Grandmother Moon": female condom poster and condom covers
- Organization of an Aboriginal World AIDS Day event at the BCCDC to announce the program name Chee Mamuk
- Ongoing recognition of persons living with HIV and working in the field of HIV/AIDS as well as those who have passed on

In total, Chee Mamuk reached over 10,000 people in 2001. The demand for these services continues to grow.



Education and Communications

Education: reaching, teaching

The aims of our divisional educational activities are two-fold. We work to share our knowledge of disease control with fellow health care professionals at local, regional, national and international levels. We also aim to educate our clients, the people of British Columbia, on how to prevent the spread of STDs, including HIV/AIDS.

Education efforts are an ongoing aspect of virtually all of our client-centered clinical and outreach activities. All clients we contact are given information on STD/HIV prevention and risk reduction strategies. We also provide resources and assistance to local health groups and educators to help them with their own community-based educational efforts. We aid practitioners throughout BC to deliver current and effective STD, including HIV, prevention strategies and treatment for patients.

In addition, we offer a variety of training programs to health care professionals throughout the province. These programs address topics related to effective STD/HIV prevention and control. They are offered on an ongoing, scheduled basis, or are structured to enable distance learning for remote and rural communities.

The division designs specific training programs to stay current with new challenges. One project known as "In the Hands of Women", educated health care providers about viable barrier prevention alternatives, such as the female condom, designed for women. Information from this three year project was presented at conferences in Canada, with the division acknowledged as one of the leaders in female condom promotion. Our first distance education program for outreach nurses was launched this year. This program offers materials and expertise delivered by our outreach nurses who specialize in working with marginalized communities, including commercial sex workers and injection drug users, throughout the province.

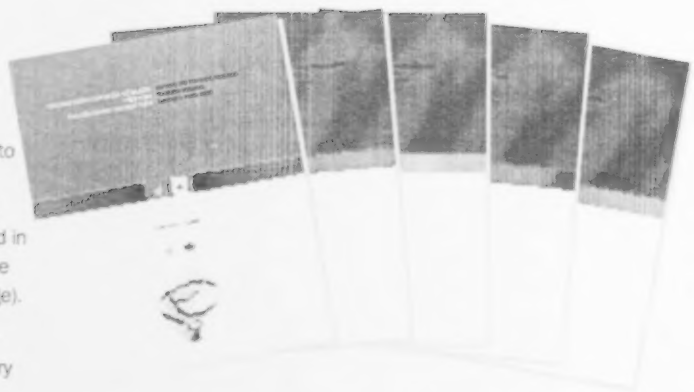
In 2001, the Street Nurse Program's educational focus was on learning ways to carry out contact tracing among high risk populations. In order to better track positive cases for reportable STDs as well as their contacts, a more intensive approach to finding and interviewing clients was initiated. Undertaken as a result of the syphilis epidemic, the approach is based on social network analysis – sexual contacts (and thereby STD contacts) are presumed to be part of a client's social network. Street nurses work closely with clients to be introduced to their social networks or 'hangouts'. They use specific interview skills and recording tools to track syphilis cases and their contacts. Infrastructure was developed within the BCCDC to collect, record and analyze data, ensuring that programming keeps pace with epidemic changes.

Internationally, we continue to expand our work with Vietnamese agencies based in the southern provinces of Vietnam and the Canadian International Development Agency in an effort to lessen the impact of the HIV epidemic in Vietnam. Using our STD/AIDS Control program in B.C. as a model, we are working with the local government and Vietnamese healthcare providers to increase their capacity to provide high quality STD prevention and treatment services to commercial sex workers and injection drug users. It's a project that eloquently illustrates both the global nature of disease control, and the value of exchanging expertise with colleagues.

The division also administers an annual STD, HIV/AIDS communication budget that funds local awareness and education projects. These programs are developed and delivered by community-based health care boards and societies to target local issues. In the 2000-2001 period, over a dozen projects were funded in communities throughout the province (see following page).

At the resource centre, we maintain an extensive library of STD/AIDS related education materials, which are freely loaned to health care professionals, and educators in the province.

This year we prepared for the 2002 launch of our new divisional web site. The site promotes user friendly information to the general public on everything to do with STDs – what to do if you have an STD, how to tell a partner, what to expect at an STD clinic, etc. Our clinic's health care providers and psychologists share their knowledge and give useful advice on staying safe.



Vietnemese Project Training Manuals

The knowledge and expertise of our staff in STD management is recognized throughout the medical community, and the division has earned a reputation as an authority in the field. Members of our division are frequently in demand to provide expertise, training and consultation to other jurisdictions. Our members make important contributions to medical journals and present at key conferences. (See page 18 and 19)

Projects Funded in 2001-2002

Organization	Description
Richmond Health Services - Population Health, Richmond.	Promoting safer sexual practices for female sex trade workers, including evaluating the viability of the female condom. Three resource materials were produced to promote safer sex practices.
South Fraser Public Health Unit, Surrey.	Organizing a community HIV/AIDS forum to update health care providers, social service professionals and other community workers (approximately 150 participants).
Fraser Valley Health Region - Chilliwack Public Health, Chilliwack.	Providing marginalized women age 19 - 30 education and support for relationship negotiations and empowerment. Four workshops cover topics such as HIV/AIDS, STDs, hepatitis, addiction, abuse, women's support programs and the female condom.
North Okanagan Health Unit, Vernon.	Continuation of 2001 project. Providing HIV/STD prevention education to operators and staff of group homes. Project targets staff working with young gay men, sex trade workers and women. The audience receives two hour education sessions.
Cariboo Community Health Services Society, Williams Lake.	Providing relevant STD/HIV/AIDS education to all PHNs and other community based professionals in the region. A user friendly resource package is created for each community.

Organization	Description
Central Vancouver Island Health Region - West, Port Alberni.	Building on the "condom police" campaign, using peer educators to market the female condom. Education sessions are offered to workers in each condom police station.
Coast Garibaldi Community Health Services Society, Powell River.	Organizing a youth driven educational campaign on HIV/AIDS/STD prevention. Marketing a new teaching resource kit.
East Kootenay Community Health Services Society, Cranbrook.	Promoting safer sex practices among young adults based at the region's four ski resorts. Peer educators are hired to identify gathering places and educate target audience about healthy sexual practices.
North West Community Health Services Society, Terrace.	Researching and purchasing the best educational materials to assist parents in talking to their children about sex. Using the resources PHNs, aided by a contractor, present a workshop for parents.
Central Vancouver Island Health Region, Parksville.	Continuation of a previous project. Reviewing the sexual health portion of CAPP curriculum for ninth and tenth grade students. Train peer educators and organize meetings to collect teacher and peer educator experiences.
Upper Island/Central Coast Community Health Services Society, Courtenay.	Increasing level of knowledge and skill about healthy sexuality in school age children. Committees in three school districts formed to review sexual health portion of CAPP curriculum, identify needs and develop and implement plan to address these needs.
Northern Interior Health Unit, Prince George.	Working with "Street Spirits" characters, generate strategies for addressing the STD incidence in northern communities. Youth in the program create an interactive theatre production whose theme is STDs and safer sex practices.

Presentations, Publications, Abstract Submissions and Reports

Presentations

Syphilis. Vancouver General Hospital, Dermatology Residents, Vancouver, Summer 2001, H. Jones

Syphilis. Vancouver Native Health Clinic, Downtown Eastside Doctors, Vancouver, Spring 2001, H. Jones

STD: A Choice of Specialty. University of British Columbia, Pre-Medical Society, Vancouver, Spring 2001, H. Jones

STD Update. South Okanagan/Similkameen Health Region, Public Health Nurses, Penticton, Fall 2001, L. Knowles

Cervicitis and PID. Vancouver Hospital and Health Sciences Centre, Infectious Diseases Academic Half Day, Vancouver, Spring, 2001, D. Money

The Viral STDs and Herpes. Vancouver General Hospital, Phase IV Seminar Series, Vancouver, Fall 2001, D. Money

HIV in Pregnancy. UBC Dept. of Obstetrics and Gynecology, Resident Seminar Series, Vancouver, Summer 2001, D. Money

Human Papillomavirus: A bothersome problem or a cancer causing virus?. BC Centre for Disease Control Grand Rounds, Vancouver, Winter 2001, D. Money

Perinatal Infections, Genital Herpes, Group B Strep and PPROM. SOGC Annual Meeting – Postgraduate Course PG-8, St. John, Newfoundland, Summer, 2001, D. Money

HIV Update. BC Centre for Disease Control, STD Training Programs and HIV Pre and Post test Counselling Programs, Vancouver, Spring and Fall 2001, M. Rekart

Syphilis Mass Treatment with an Oral Antimicrobial. Seattle-King County Hospital, Winter 2001, M. Rekart

Reaching out to School Aged Youth (STD Focus). Coast Garibaldi Health Region, Community Health Nurses, Gibsons, Spring 2001, D. MacLauchlan

HIV Point of Care Testing. Three Bridges Clinic, Staff Nurses, Vancouver, Fall 2001, D. MacLauchlan, L. Knowles

How Early Life Experiences of Gay Men Affect Their Perceptions. Saskatoon, Fall 2001, B. Coleman

Drug Use Behaviors of the Inmates of Burnaby Correctional Centre for Women (BCCW). Provincial Corrections Health Care Conference, Vancouver, Spring 2001; North American Primary Care Research Group, Halifax, Fall 2001; College of Family Physicians of Canada, Vancouver, Fall 2001, W. Murphy, F. Gold

Publications

Patrick DM, Dawar M, Cook D, Krajden M, Ng H, **Rekart ML**. Antenatal Seroprevalence of Herpes Simplex Virus Type 2. Sexually Transmitted Diseases July 2001; 28(7):424-428

Patrick DM, Tyndall MW, Cornelisse PG, Li K, Sherlock CH, **Rekart ML**, Strathdee SA, Currie SL, Schechter MT, O'Shaughnessy MV. Hepatitis C incidence during an outbreak of HIV infection. Canadian Medical Association Journal. 2001 Oct 2; 165 (7): 889-895

Macdonald Susan E, Steel O'Connor Kathleen, Mowat David L, Hartling Lisa A, **Rekart ML**, Hoey John R, Sequin Rochelle M. Screening for HIV during pregnancy; Survey of physicians' practices. Canadian Family Physician 2001; Vol 47; 2250-2257

Boucher M, Cohen HR, Gruslin A, **Money DM**, Steben M, Wong T. Mode of Delivery for Pregnant Women Infected by HIV. SOGC Clinic Practice Guidelines 2001; 101: 348-350

Conference Abstracts:

Morshed MG, Fernando K, Simpson Y, **Jones H**, Byrne S, **Rekart ML**, Champagne S, **Noguchi M,** Brunham R, Isaac-Renton J Polymerase chain reaction-based (polA)gene testing is more sensitive than darkfield microscopy (DFM) Treponema pallidum genital ulcer disease (GUD) International Congress of Sexually transmitted infections, Summer 2001, Berlin, Germany

Reports:

Rekart, ML. Ho Chi Minh City STD/AIDS Clinic (Café Hy Vong) and Outreach Program: Final Report. 2001

Marchand, R. Moving Ahead: Assessing Gay Men's HIV Prevention in BC: Final Report. December, 2001

highlights of 2001

Café Hy Vong Project – Ho Chi Minh City STD/AIDS Clinic and Outreach Program (1998-2001)

Café Hy Vong, was a joint project with partners from BCCDC, the Vietnam National AIDS Standing Bureau and the Ho Chi Minh City AIDS Standing Office. The project was funded by the Canadian International Development Agency (CIDA).

The goal of this HIV prevention project was to increase local capacity to prevent HIV and thereby decrease the magnitude of the HIV epidemic in Ho Chi Minh City through education, prevention, diagnosis and treatment of STDs and through HIV education and prevention. The target populations for STD service delivery were low income sex trade workers and injection drug users.

Over the course of this three year program, a group of trainers from BCCDC assessed training needs, developed training materials and delivered training to Vietnamese health care workers in the areas of STD clinical care, STD clinic administration, STD/HIV outreach services, STD onsite laboratory services and STD education. The subsequent delivery of these services by the Vietnamese was monitored.

The project provided and supported continuing education needs and the participation of Vietnamese project staff at national and international meetings and conferences.

The project began in District 1, Ho Chi Minh City, at an existing clinic facility named Café Hy Vong ("hy vong" means hope in Vietnamese). District 1 is the central business and tourist district in the city. A second

clinic and outreach program was later established in Binh Thanh District, a rural and poorer district. That program was named Café Bao Cao Su Hai (BCS2) which means Condom Café #2. Both clinics offer free and confidential STD clinical and outreach services to low income sex trade workers and injection drug users.

Additional accomplishments of the program were encouragement of collaboration between sex worker peer educators and IDU peer educators regarding condom and needle/syringe distribution. The police subsequently closed down the needle exchange portion of the project at Café Hy Vong. Needle distribution continues through the two peer educator teams. Other trainers in Vietnam are using training materials developed by this program. A strong working relationship was forged between the Ho Chi Minh City AIDS Committee and BCCDC.

This project had the unanticipated outcome of stimulating discussion and debate around controversial issues such as harm reduction, needle exchange, sex worker rights, discrimination against IDUs, family rape, homosexuality and violence against women. These discussions involved all levels of government, the medical community and the public. Many attitudes and opinions were challenged.

Dr. Deborah Money MD, FRCSC

Dr. Deborah Money

Dr. Deborah Money joined STD/AIDS as Associate Director in January, 2001. Dr. Money's specialty is Obstetrics and Gynecology with sub-specialty training in Infectious Disease.

Before coming to STD/AIDS Control, she was part of the high-risk perinatal team at Children's and Women's Health Centre of BC and a member of the staff at the Oak Tree Clinic.

As Associate Director, Dr. Money remained affiliated with the Children's and Women's Health Centre.

Dr. Money brought into the division of STD/AIDS Control her experience with the complex issues of high risk pregnancies and infant births.

In the position of Associate Director, Dr. Money:

- took a leading role in the reformulation of the Street Nurse Program
- was responsible for supporting the growth and expansion of the Chee Mamuk Program and
- led the way in the organizing of our research program including submissions to peer reviewed journals.

It was fortunate for STD/AIDS Control that Dr. Money joined the division at the very time when we needed to expand our role and our programming in the area of reproductive health.

In April 2002, Dr. Money assumed the position of Division Head, Maternal Fetal Medicine at Women's and Children's Hospital.

As Associate Director at STD/AIDS Control, Dr. Money was a popular and valued team member, advisor, supervisor and co-worker. Her expertise, her collaborative manner and her enthusiasm will be missed.

Chee Mamuk "New Work"

The Chee Mamuk Program formally introduced their new name in a westcoast witness ceremony held November 30th, 2001 on the eve of World AIDS Day and Aboriginal World AIDS Day. In addition to introducing the new name and the new Aboriginal World AIDS Day Poster, the ceremony commemorated Aboriginal AIDS Awareness Week and World AIDS Day.

The ceremony involved placing blankets around invited speakers, Aaron Nelson-Moody and Alroy Baker (both Squamish), and securing handkerchiefs around their heads to help protect their hearts and minds and to help them with open, clear thinking. Witnesses from other organizations involved in AIDS education, prevention and awareness were in attendance to see the important work in this area of health, and the importance of remembering those who have passed on as well as those who continue "living" with HIV and AIDS.

BC Centre for Disease Control Medical Director, Robert Brunham, spoke to the witnesses and gave background on the BCCDC. Dr. Brunham, as well as Dr. Deborah Money, Associate Director of the STD/AIDS Division, shared recent HIV/AIDS statistics of Aboriginal people in BC with the witnesses.

Chee Mamuk commissioned artwork from Carrier/Sekani artist, Harold Isaac. Harold's art was transformed into a poster to be entered into the World AIDS Day Poster Competition. The poster encompasses many meanings and symbols to help represent the spirit of hope in the struggle against HIV/AIDS. In Carrier/Sekani beliefs, the stars represent those who have crossed over to the spirit world (passed on). Isaac explained, while we grieve the loss of a loved one, on the "other side", the ancestors celebrate and welcome their return.

Witnesses were honoured with tobacco ties and some received braids of sweetgrass, to recognize their hard work in the field of Aboriginal HIV/AIDS Awareness, Education and Support. Near the end of the ceremony, a circle was formed and a candle lit as a traditional Squamish mourning song was sung. Select witnesses were asked to speak to the circle and share their thoughts about Aboriginal HIV/AIDS Awareness and how it impacts their lives and work.

The new Chee Mamuk logo represents the cycles of life and movement from darkness into the light (as in awareness). The eagle represents strengths and vision (which is needed to do the work in HIV/AIDS). The symbol of the Braid gives a holistic health care model that encourages weaving body, mind and spirit, (a concept developed by Chee Mamuk Program Manager, Lucy Barney). The red ribbon on the Eagle's wing represents awareness of HIV/AIDS and support for people living with HIV/AIDS.

The Chee Mamuk Program provides education workshops and policy development on HIV/AIDS, STD's and Hepatitis throughout many Aboriginal communities in BC and nation wide.

incidence trends

The following STD trends were observed in 2001 in BC:

- New case reports of AIDS decreased significantly from 109 in 2000 to 38 in 2001 (normal-value test, $p<0.0001$). The rate decreased from 2.7/100,000 to 0.9. This decline follows the pattern that began in 1996 subsequent to the introduction and wide-spread use of anti-retroviral combination chemotherapy. In the early 1990's, there were around 300 new cases of AIDS reported annually. Based on our experience from previous years, we anticipate that approximately 20 AIDS case reports for 2001 will be received after this report goes to press. Within the 2001 total, there were no notable trends to report.
- New positive HIV tests increased for the first time since 1996, from 413 in 2000 to 440 in 2001. The rate increased from 10.2/100,000 to 10.7. Although this change was not statistically significant (normal-value test, $p=0.44$), it is nonetheless worrying. This is the second consecutive year that new positive HIV tests have increased in the gay male community and new positive HIV tests in heterosexuals returned to pre-2000 levels – 84-88 in 1996-99, 57 in 2000 and 91 in 2001. The possible reasons for these increases are under investigation. There were no notable trends for gender, age, ethnicity or geographic region.
- New cases of infectious syphilis rose dramatically from 96 in 2000 to 177 in 2001 (normal-value test, $p<0.0001$). The rate increased from 2.4/100,000 to 4.3. This 84% increase can be partially explained by a transient effect from the syphilis mass treatment intervention in 2000. There were 112 cases in 1998 and 127 in 1999. The increase, however, is more than would be expected from the natural continuation of the upward trend before mass treatment. Current thinking is that mass treatment itself changed the dynamics involving susceptible individuals and syphilis transmission. There were no notable trends for gender, age, ethnicity or geographic region.
- New case reports for chlamydia genital infection decreased significantly from 6193 in 2000 to 5887 in 2001 (normal-value test, $p=0.0016$). The rate decreased from 152.3/100,000 to 143.7. This follows three consecutive years of rate increases. There were no notable trends for gender, age, ethnicity or geographic region. It is important to reiterate that chlamydia genital infections are usually asymptomatic and, as such, probably vastly under-reported.
- New case reports of gonorrhea decreased significantly from 724 in 2000 to 618 in 2001 (normal-value test, $p=0.0028$). The rate decreased from 17.8/100,000 to 15.1. This continues a decreasing trend that began in 1999. There were no notable trends for gender, age, ethnicity or geographic region.
- The most recent estimate of the number of persons living with HIV in BC was 9160 at the end of 1999. For that year, there were estimated to be 820 new HIV infections.
- Tuberculosis (TB) and HIV have a tendency to affect similar marginal populations. Of the 391 new active TB cases diagnosed in 2001, HIV test information is available for 250. Of these 250, 24 (9.6%) were HIV infected as well.

the way forward

The Way Forward for STD/AIDS Control follows two pathways.

First, we need to maintain and improve those core programs that have proven their value over many years of delivery, monitoring, evaluation and revision. We know that people need STD clinical services that are free, confidential and client-focused. We know that marginal and stigmatized populations require special support and individualized attention. We know that the formal and informal training, education and consultation that we provide is valued by public health nurses, medical health officers, governments and the public. These must continue with frequent evaluation.

Secondly, we need to move ahead as the leaders in BC and Canada in applied public health research and innovative programming in STDs and HIV/AIDS. The syphilis outbreak must be contained and we will initiate new interventions to achieve syphilis elimination including social network analysis and peer education. We will also investigate new forms of mass testing and/or treatment to achieve this goal. We desperately need new and more accurate methods to determine the burden of chlamydia disease in BC. This will be a prime goal in 2002. We will work with the gay community to reverse recent increases in new positive HIV tests. We will lead efforts to evaluate supervised (safe) injection sites and heroin prescription trials to reduce the risks of injection drug use for British Columbians. We will make special efforts to increase the level of HIV/AIDS knowledge in the Aboriginal community and the degree of compassion for Aboriginal persons with HIV/AIDS. We will develop a data warehouse for STD/HIV/AIDS with real-time data and statistical analyses that will be accessible on-line. We will develop a divisional capacity to detect and respond to threats from new and emerging disease. We will draft a comprehensive reproductive health strategy. And finally, we will promote and develop the skills of all STD/AIDS staff to sustain and support quality programs.

epidemiology

In British Columbia, provincial law requires that certain communicable diseases be reported to the Medical Health Officer of the region by health care providers and laboratories. The reportable STDs are gonorrhea, chlamydia, syphilis and AIDS. HIV infection is not reportable, although the province does have an enhanced HIV surveillance program to monitor incidence of HIV infection.

Mandatory reporting:

- enables health care workers to follow up reported infections to ensure adequate treatment is provided
- reduces the spread of infection through partner notification and other measures
- allows health care workers to monitor the incidence of the disease to assist with prevention strategies

This reporting supplies the data for our epidemiology reports for these diseases.

For information on other STDs (pelvic inflammatory disease, genital herpes, genital warts) please refer to the notes accompanying the incidence data.

BC by Health Regions Reference Map

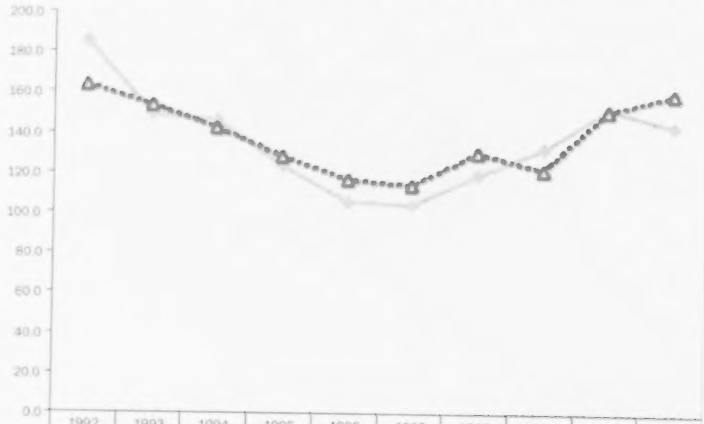
Health Regions

1 East Kootenay
2 West Kootenay - Boundary
3 North Okanagan
4 South Okanagan - Similkameen
5 Thompson
6 Fraser Valley
7 South Fraser Valley
8 Simon Fraser
9 Coast Garibaldi
10 Central Vancouver Island
11 Upper Island/Central Coast
12 Cariboo
13 North West
14 Peace Liard
15 Northern Interior
16 Vancouver
17 Burnaby
18 North Shore
19 Richmond
20 Capital

chlamydia

2.1 BC chlamydia disease case reports and rates (per 100,000 population)

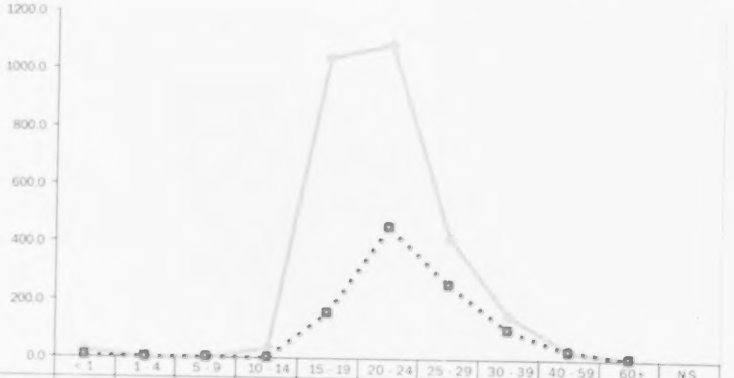
In 2001 the rate of reported genital chlamydia infection was 143.7 per 100,000 population. This is a 5.6% decrease from the 2000 rate of 152.3 per 100,000 population but is still a 8.5% increase over the 1999 rate of 132.4 per 100,000 population.



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
BC Reports	6434	5321	5366	4660	4116	4116	4769	5355	6193	5887
BC Rate	185.4	149.0	145.7	123.1	106.0	104.0	118.9	132.4	152.3	143.7
Canadian Rate	163.4	153.4	142.0	127.4	116.0	113.8	129.9	121.0	150.9	159.4

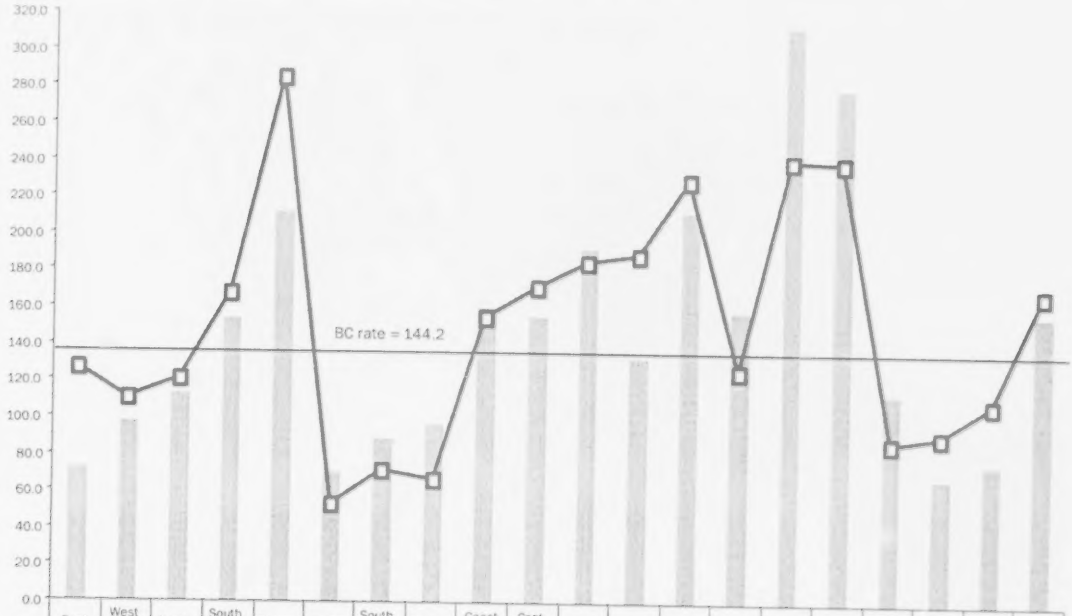
2.2 BC chlamydia disease case reports and rates by gender and age (per 100,000 population)

The majority of female reports continue to occur in 15 to 24 year old age groups and the majority of male reports are in the 20-29 year old group.



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports - Female	5	1	0	43	1369	1464	571	498	181	4	34
Reports - Male	1	0	0	2	218	627	345	333	157	10	24
2001 Rate - Female	25.4	1.2	0.0	33.8	1041.3	1088.4	419.8	152.3	30.4	1.0	0.0
2001 Rate - Male	4.8	0.0	0.0	1.5	156.2	454.8	254.3	101.3	26.4	3.1	0.0

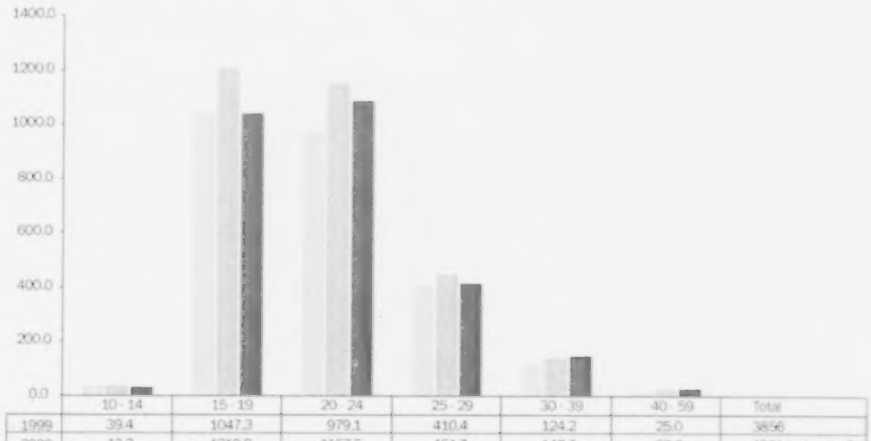
2.3 BC chlamydia disease case reports and rates by health regions (2000/2001) (per 100,000 population)



	East Koot	West Koot-Boun	North Okan	South Okan Similk	Thomp son	Fraser Valley	South Fraser Valley	Simon Fraser	Coast Garibal di	Cent Van Island	Upper Island	Cariboo	North West	Peace Liard	North Interior	Van.	Bby.	North Shore	Rich.	Capital Region
Reports 2001	106	91	146	398	393	129	409	213	124	421	225	146	211	85	322	1398	167	163	179	561
Rate 2000	72.7	97.9	113.8	154.5	211.9	70.3	89.2	97.1	160.6	156.5	192.9	133.9	213.8	159.4	314.1	279.9	114.4	68.8	76.9	157.8
Rate 2001	126.4	110.0	120.4	166.7	284.3	52.7	70.6	65.7	154.4	170.3	183.9	187.9	228.9	125.4	239.1	238.8	86.0	90.5	107.5	167.3

The health region with the highest rate per 100,000 population is Thompson with a rate of 284.3, a 35% increase over last year. East Kootenay had the largest rate increase of 71%, from 73.9 in 2000 to 126.4 in 2001. Other regions with significant increases include Cariboo with a 39.5% rate increase, North Shore with a 32% rate increase and Richmond with a 39% rate increase. Nine health regions had rate decreases in 2001. These included Fraser Valley with a 25% decrease, Simon Fraser with a 32% decrease, Northern Interior with a 24% decrease and Vancouver with 16% decrease.

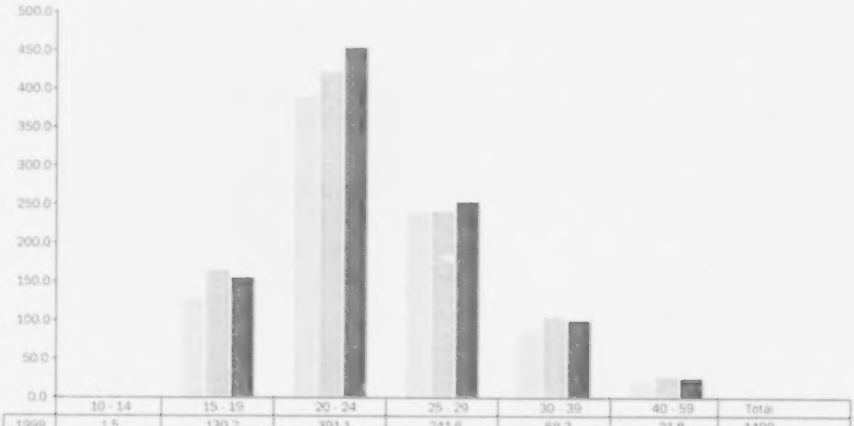
24 BC female chlamydia disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	39.4	1047.3	979.1	410.4	124.2	25.0	3856
2000	43.3	1210.9	1157.5	451.7	148.0	30.6	4501 (unknown 2)
2001	33.8	1041.3	1088.4	419.8	152.3	30.4	4170

Age Group

25 BC male chlamydia disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	1.5	130.2	391.1	241.6	88.3	21.8	1499
2000	0.7	166.2	422.9	242.2	105.1	28.8	1690 (unknown 2)
2001	1.5	156.2	454.8	254.3	101.3	26.4	1717

Age Group

gonorrhea

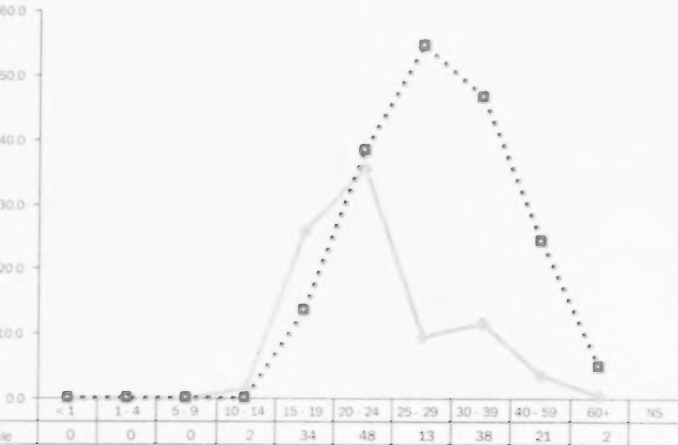
1.1 BC gonorrhea disease case reports and rates (per 100,000 population)

In 2001 the rate of reported gonorrhea infection was 15.1 per 100,000 population. This is a 15% decrease in rate from the 2000 rate of 17.8 per 100,000 population. This is still an 11.9% increase over the 1998 rate of 13.5.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
BC Reports	777	550	489	492	488	458	541	878	724	618
BC Rate	22.4	15.4	13.3	13.0	12.6	11.6	13.5	21.7	17.8	15.1
Canadian Rate	32.6	23.8	21.2	19.5	16.9	15.1	16.7	18.8	20.2	21.2

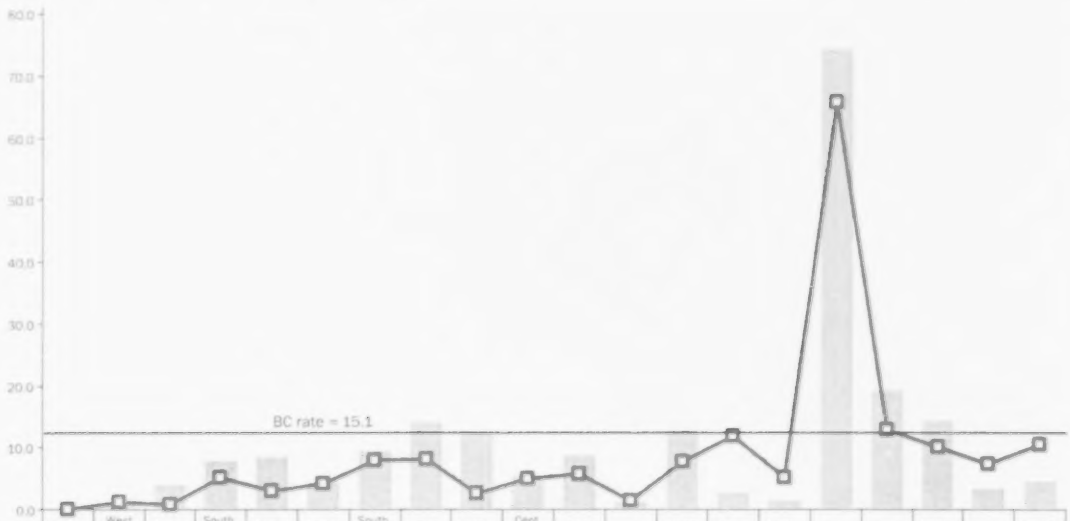
1.2 BC gonorrhea disease case reports and rates by gender and age (per 100,000 population)

The age distribution continues in the typical pattern of highest rates in females in the 15-24 age range and the highest rates in males in the 25-39 age range.



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports - Female	0	0	0	2	34	48	13	38	21	2	
Reports - Male	0	0	0	0	19	53	74	153	144	16	1
Rate - Female	0.0	0.0	0.0	1.6	25.9	35.7	9.6	11.6	3.5	0.5	
Rate - Male	0.0	0.0	0.0	0.0	13.6	38.4	54.6	46.5	24.2	4.9	

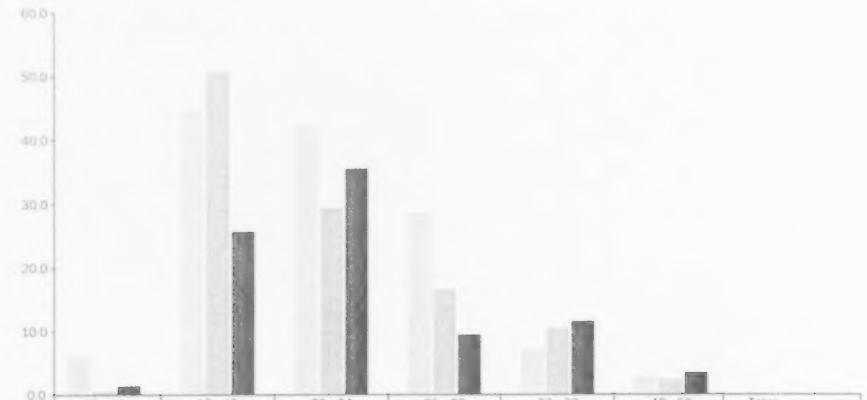
3.3 BC gonorrhea disease case reports and rates by Health Regions (2000/2001) (per 100,000 population)



	East Koot	West Koot Boun	North Okan	South Okan Similk	Thompson	Fraser Valley	South Fraser Valley	Simon Fraser	Coast Garibaldi	Cent Van Island	Upper Island	Cariboo	North West	Peace Liard	North Interior	Van.	Bhy.	North Shore	Rich.	Capital Region
Reports 2001	0	1	1	12	4	10	46	26	2	12	7	1	7	8	7	384	25	18	12	35
Rate 2000	0.0	1.2	4.2	8.2	8.7	4.5	9.7	14.1	12.4	5.7	9.0	1.3	13.0	3.0	1.5	74.3	19.2	14.4	3.6	4.8
Rate 2001	0.0	1.2	0.8	5.0	2.9	4.1	7.9	8.0	2.5	4.9	5.7	1.3	7.6	11.8	5.2	65.6	12.9	10.0	7.2	10.4

In 2001 four health regions more than doubled their rate per 100,000 population. These were Capital Health, Richmond, Peace Liard and Northern Interior. Vancouver continues to have the highest rate of infection at five times that of any other area.

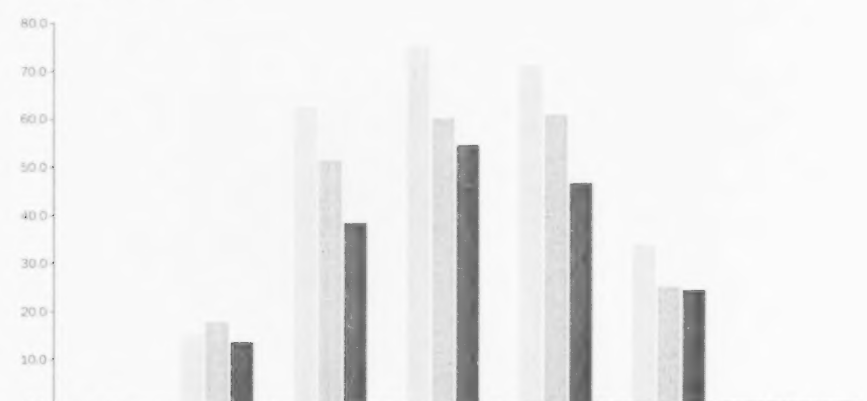
BC female gonorrhea disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	6.3	44.9	42.2	28.8	7.5	3.0	206
2000	0.8	50.9	29.5	16.8	10.7	2.6	183 (unknown 1)
2001	1.6	25.9	35.7	9.6	11.6	3.5	158

Age Group

BC male gonorrhea disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	15.3	62.5	75.2	71.2	34.0	672
2000	0.7	18.0	51.5	60.2	60.9	25.0	540 (unknown 1)
2001	0.0	13.6	38.4	54.6	46.5	24.2	460

Age Group

infectious syphilis

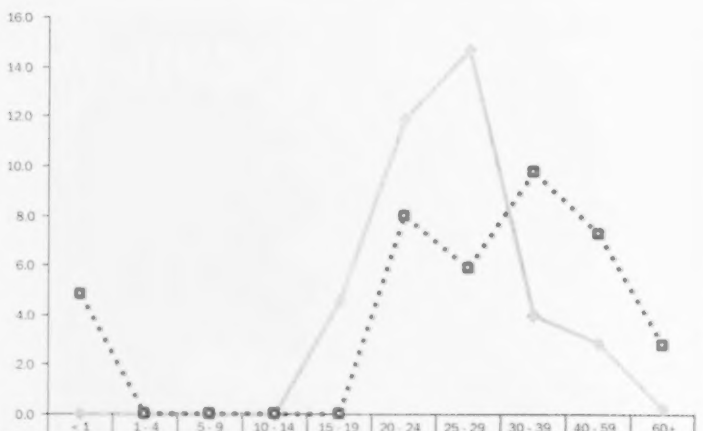
4.1 BC infectious syphilis disease case reports and rates (per 100,000 population)

The outbreak of infectious syphilis continued through 2001. The rate per 100,000 population increased from 2.4 to 4.3 and the numbers of reports increased from 96 cases to 177 reports. The BC provincial rate since 1997 has been significantly higher than the Canadian rate.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
BC Reports	30	16	17	18	18	50	112	127	96	177
BC Rate	0.9	0.4	0.5	0.5	0.5	1.3	2.8	3.1	2.4	4.3
Canadian Rate	2.8	2.4	1.7	1.5	2.3	2.0	1.8	1.2	0.6	0.9

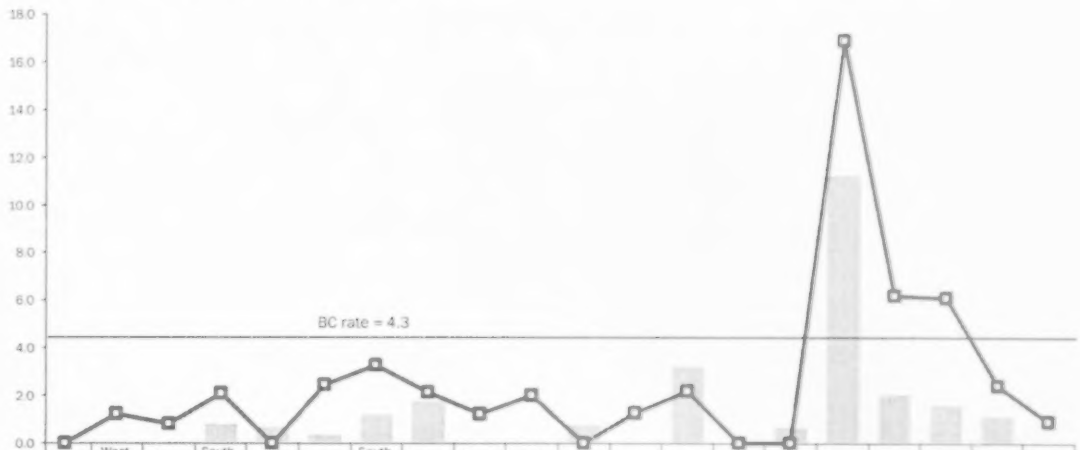
4.2 BC infectious syphilis disease case reports and rates by gender and age (per 100,000 population)

In 2001 the rate of infectious syphilis in males aged 20-24 increased from 1.5 to 8.0 and the rate in females aged 25-29 increased from 1.5 to 14.7. This is a slight shift in both genders to lower aged groups.



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+
Reports - Female	0	0	0	0	6	16	20	13	17	1
Reports - Male	1	0	0	0	0	11	8	32	43	9
Rate - Female	0.0	0.0	0.0	0.0	4.6	11.9	14.7	4.0	2.9	0.3
Rate - Male	4.8	0.0	0.0	0.0	0.0	8.0	5.9	9.7	7.2	2.8

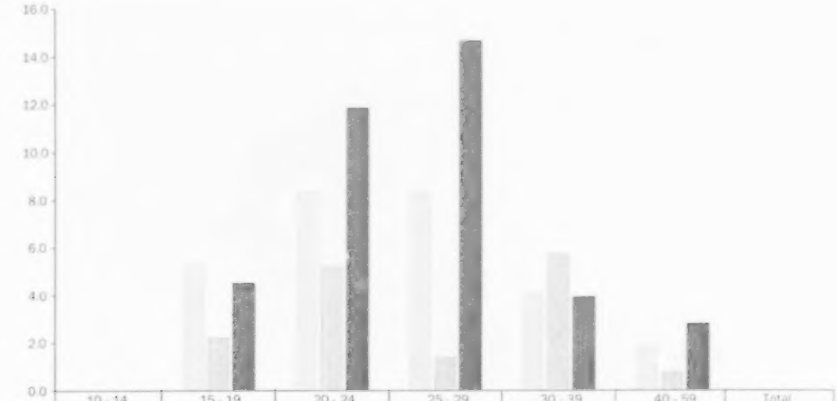
4.3 BC infectious syphilis disease case reports and rates by Health Regions (2000/2001) (per 100,000 population)



	East Koot	West Koot-Boun	North Okan	South Okan Similk	Thomp son	Fraser Valley	South Fraser Valley	Simon Fraser	Coast Garibald	Cent Van Island	Upper Island	Cariboo	North West	Peace Liard	North Interior	Van.	Bby.	North Shore	Rich.	Capital Region
Reports 2001	0	1	1	5	0	6	19	7	1	5	0	1	2	0	0	99	12	11	4	3
Rate 2000	0.0	0.0	0.0	0.9	0.7	0.4	1.2	1.8	0.0	0.0	0.8	0.0	3.3	0.0	0.8	11.3	2.1	1.7	1.2	0.0
Rate 2001	0.0	1.2	0.8	2.1	0.0	2.5	3.3	2.2	1.2	2.0	0.0	1.3	2.2	0.0	0.0	16.9	6.2	6.1	2.4	0.9

In 2001 Vancouver had the highest rate at 16.9, an increase over the rate of 11.3 in 2000. Syphilis in Vancouver is concentrated in the Downtown Eastside. Burnaby and the North Shore are the other two regions with rates higher than the provincial average at 6.2 and 6.1 respectively.

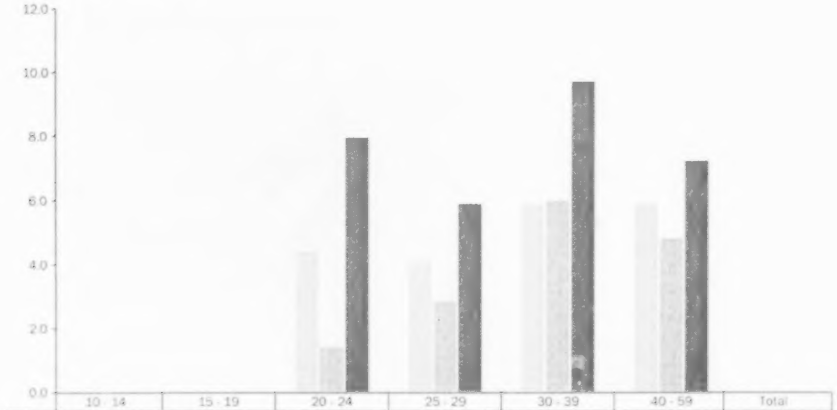
4.4 BC female infectious syphilis disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	5.4	8.4	8.4	4.2	2.0	56
2000	0.0	2.3	5.3	1.5	5.8	0.9	37
2001	0.0	4.6	11.9	14.7	4.0	2.9	73

Age Group

4.5 BC male infectious syphilis disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	0.0	4.5	4.1	5.9	5.9	71
2000	0.0	0.0	1.5	2.9	6.0	4.8	59
2001	0.0	0.0	8.0	5.9	9.7	7.2	104

Age Group

HIV

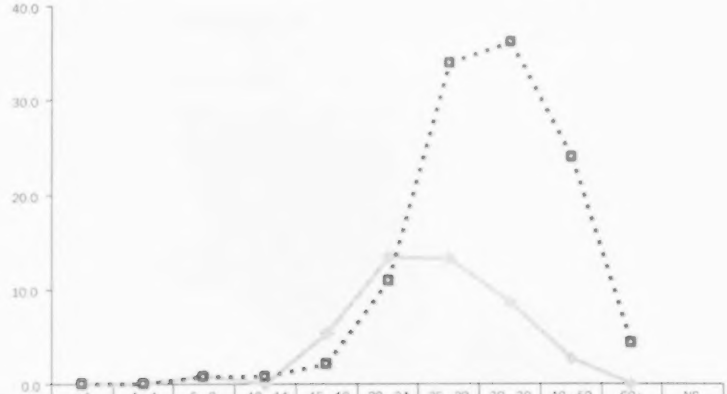
5.1 BC new positive HIV tests and rates (per 100,000 population)

For the first time since 1994 the rate per 100,000 population of new positive HIV tests increased from 10.2 in 2000 to 10.7 in 2001. This increase is due to the continued increase in reports for gay men and a rebound in the reports for heterosexuals.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
BC Tests	788	706	840	690	715	561	482	427	413	440
BC rate	22.7	19.8	22.8	18.2	18.4	14.2	12.0	10.6	10.2	10.7

5.2 BC new positive HIV tests by gender and age (per 100,000 population)

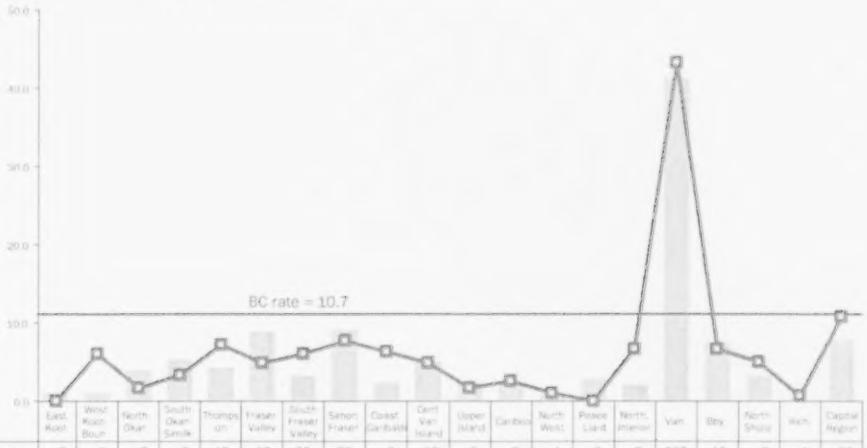
In 2001 males aged 25 – 39 had the highest male rates and females aged 20 – 29 had the highest female rates.



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Tests - Female	0	0	1	0	7	18	18	28	16	0	0
Tests - Male	0	0	1	1	3	15	46	119	142	14	2
Rate - Female	0.0	0.0	0.8	0.0	5.3	13.4	13.2	8.6	2.7	0.0	
Rate - Male	0.0	0.0	0.8	0.7	2.1	10.9	33.9	36.2	23.9	4.3	

5.3 BC new positive HIV tests and rates by Health Regions (2000/2001) (per 100,000 population)

In 2001 the geographic region with the highest rate continues to be the City of Vancouver (43.2 per 100,000) which also had a slight increase from 42.0 in 2000.

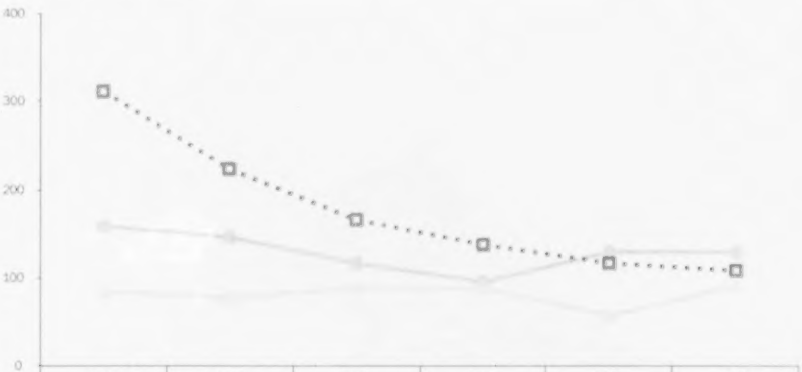


	East. Koot.	West Koot. Boun	North Okan.	South Okan. Simil.	Thompson	Fraser Valley	South Fraser Valley	Senon. Fraser	Coast Garibaldi	Cent. Van. Island	Upper Island	Cariboo	North West	Peace Liard	North Interior	Van.	Bby.	North Shore	Isch.	Capital Region
2001 Tests	0	5	2	8	10	12	35	25	5	12	2	2	1	0	9	253	13	9	1	38
2000 Rate	1.2	1.2	4.1	5.4	4.3	9.0	3.3	9.3	2.5	5.3	2.5	2.6	1.1	3.0	2.2	41.3	7.7	3.1	0.0	8.1
2001 Rate	0.0	6.0	1.5	3.4	7.2	4.9	6.0	7.7	6.2	4.9	1.6	2.6	1.1	0.0	6.7	43.2	6.7	5.0	0.6	10.7

Health Region

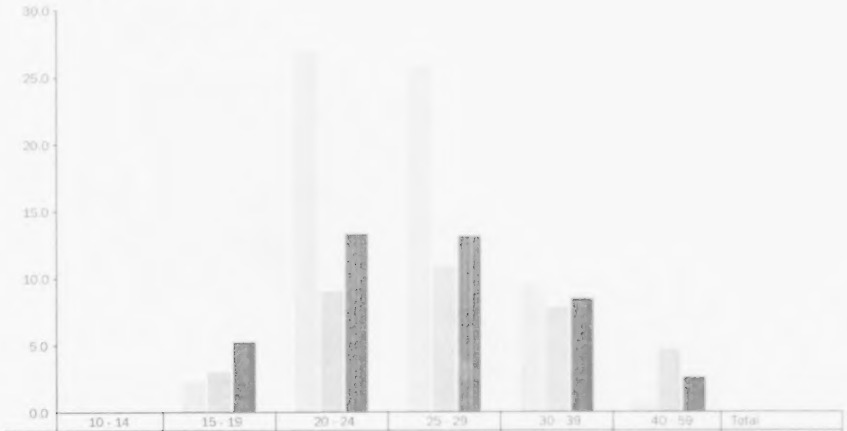
5.4 BC new positive HIV tests by risk category and year (1995/2001) (number of persons)

MSM = men who have sex with men; IDU = injection drug user; HET = Heterosexual.



	1996	1997	1998	1999	2000	2001
MSM	159	146	116	95	129	129
IDU	312	223	165	137	117	108
HET	84	77	89	88	57	91

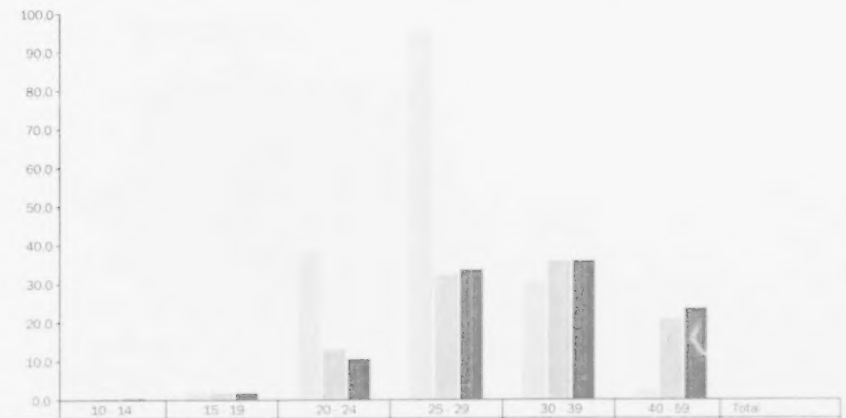
5.5 BC female new positive HIV test rates (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	2.3	26.9	26.0	9.6	0.7	111 (unknown 1)
2000	0.0	3.0	9.1	10.9	7.9	4.8	89
2001	0.0	5.3	13.4	13.2	8.6	2.7	88 (unknown 9)

Age Group

5.6 BC male new positive HIV test rates (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	2.2	38.7	95.9	30.7	2.7	315 (unknown 1)
2000	0.7	2.2	13.2	32.6	36.1	21.2	324
2001	0.7	2.1	10.9	33.9	36.2	23.9	343 (unknown 9)

Age Group

AIDS

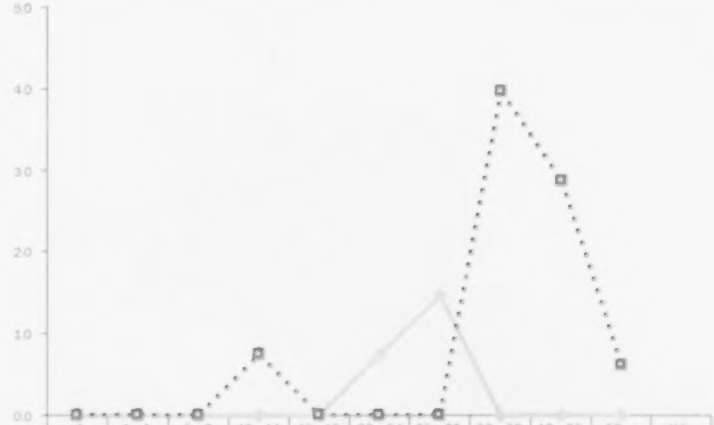
6.1 BC AIDS disease case reports and rates (per 100,000 population)

The BC rate of 0.9 per 100,000 population of newly reported AIDS continues to decline as in previous years. The very low total for 2001 (38) reflects some degree of reporting delay.

	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
BC Reports	296	307	305	264	177	151	149	120	109	38
BC Rate	8.5	8.6	8.3	7.0	4.6	3.8	3.7	3.0	2.7	0.9
Canadian Rate	6.0	6.1	5.9	5.3	3.5	2.4	2.0	1.5	1.3	0.7

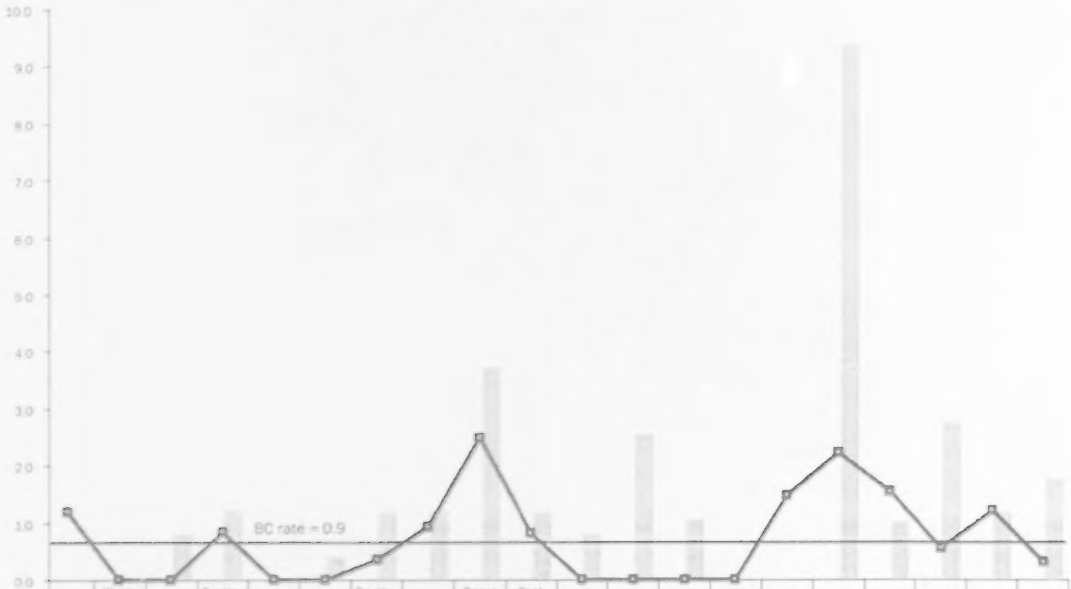
6.2 BC AIDS disease case reports and rates by gender and age (per 100,000 population)

Age and gender distribution remains similar to previous years.



	< 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	60+	NS
Reports - Female	0	0	0	0	0	1	2	0	0	0	0
Reports - Male	0	0	0	1	0	0	0	13	17	2	0
Rate - Female	0.0	0.0	0.0	0.0	0.0	0.7	1.5	0.0	0.0	0.0	
Rate - Male	0.0	0.0	0.0	0.7	0.0	0.0	0.0	4.0	2.9	0.6	

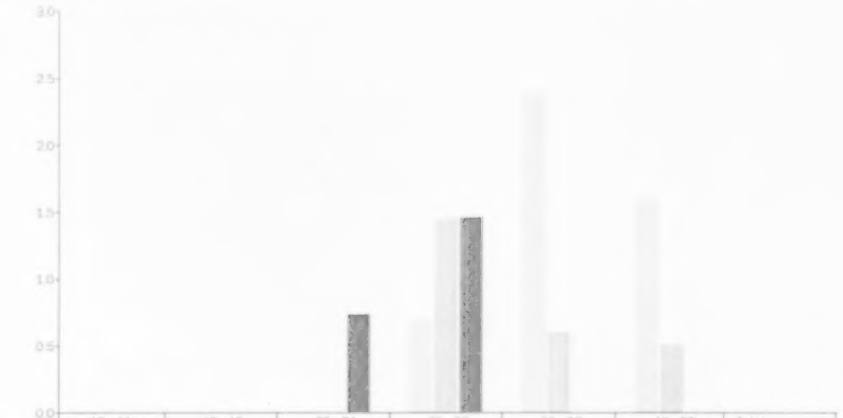
6.3 BC AIDS disease case reports and rates by Health Regions (2000/2001) (per 100,000 population)



	East Koot	West Koot Boun	North Okan	South Okan Simlk	Thomp son	Fraser Valley	South Fraser Valley	Simon Fraser	Coast Garibal di	Cent Van Island	Upper Island	Cariboo	North West	Peace Liard	North. Interior	Van.	Bby.	North Shore	Rich.	Capital Region
2001 Reports	1	0	0	2	0	0	2	3	2	2	0	0	0	0	2	13	3	1	2	1
2000 Rate	0.0	0.0	0.8	1.3	0.0	0.4	1.2	1.2	3.7	1.2	0.8	2.6	1.1	0.0	0.0	9.4	1.0	2.8	1.2	1.8
2001 Rate	1.2	0.0	0.0	0.8	0.0	0.0	0.3	0.9	2.5	0.8	0.0	0.0	0.0	0.0	1.5	2.2	1.5	0.6	1.2	0.3

The largest number of cases continues to be in Vancouver.

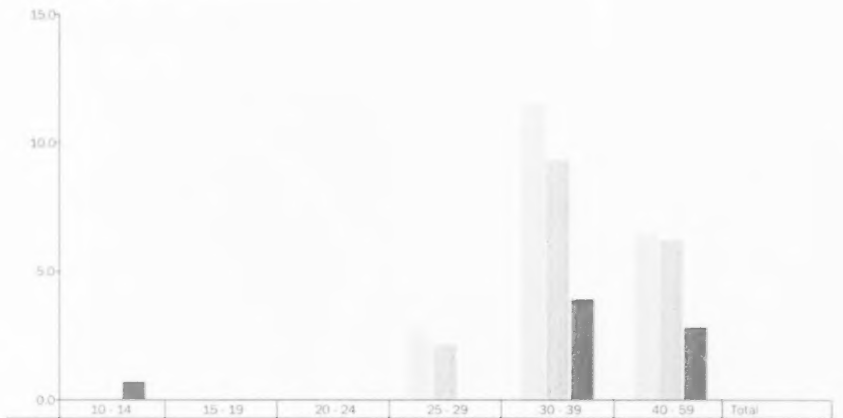
6.4 BC female AIDS disease rates by age (1999/2000/2001) (per 100,000 population)



	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	0.0	0.0	0.7	2.4	1.6	18 (unknown 1)
2000	0.0	0.0	0.0	1.5	0.6	0.5	7 (unknown 2)
2001	0.0	0.0	0.7	1.5	0.0	0.0	3 (unknown 2)

Age Group

6.5 BC male AIDS disease rates by age (1999/2000/2001) (per 100,000 population)

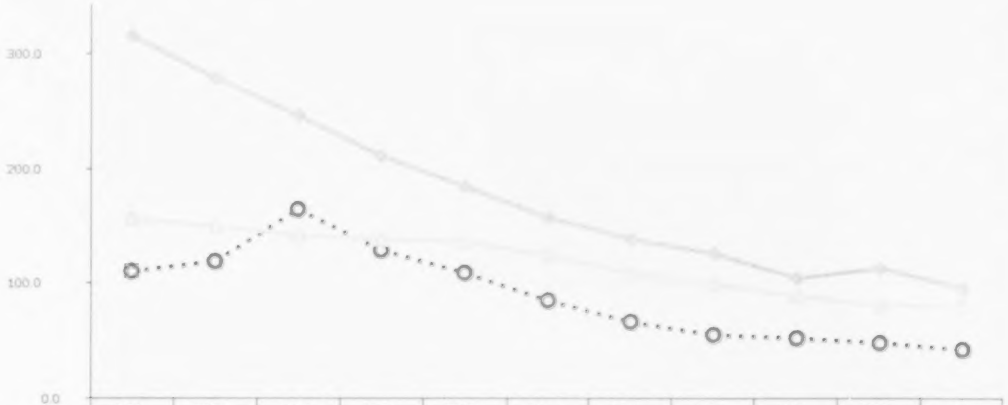


	10 - 14	15 - 19	20 - 24	25 - 29	30 - 39	40 - 59	Total
1999	0.0	0.0	0.0	2.8	11.5	6.4	84 (unknown 1)
2000	0.0	0.0	0.0	2.2	9.3	6.2	76 (unknown 2)
2001	0.7	0.0	0.0	0.0	4.0	2.9	33 (unknown 2)

Age Group

pelvic inflammatory disease, ectopic pregnancy and tubal infertility

7 | BC pelvic inflammatory disease (PID), ectopic pregnancy and tubal infertility cases and rates (per 100,000 population) females aged 15 - 44

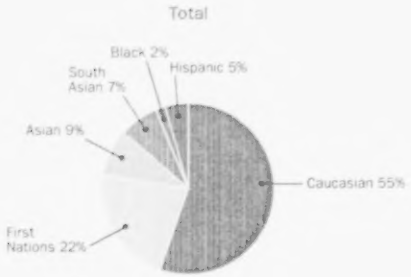


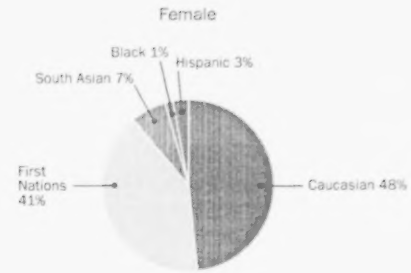
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000
PID Rate	314.7	278.7	245.8	210.8	183.6	156.8	138.5	126.2	104.6	113.3	96.5
Tubal Rate	109.7	118.7	164.5	129.0	108.3	85.0	66.6	55.7	52.4	47.8	42.3
Ectopic Rate	154.9	149.3	141.1	138.3	136.0	124.4	108.8	99.5	89.5	81.0	80.8
PID Cases	2438	2204	1984	1742	1557	1361	1235	1142	948	1024	875
Tubal Cases	850	939	1,328	1,066	918	738	594	504	475	432	384
Ectopic Cases	1,200	1,181	1,139	1,143	1,153	1,080	970	900	811	732	733

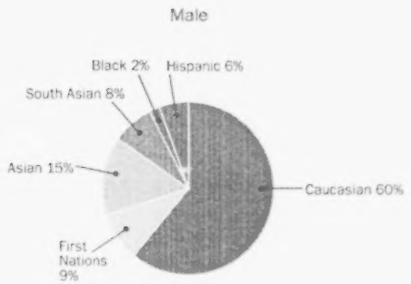
From 1999 to 2000, the overall provincial rates of pelvic inflammatory disease and tubal infertility decreased but the provincial rate of ectopic pregnancy cases remained constant.

ethnicity

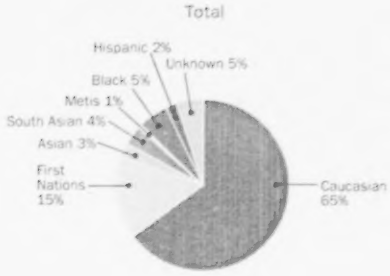
8.1 BC Infectious Syphilis reports

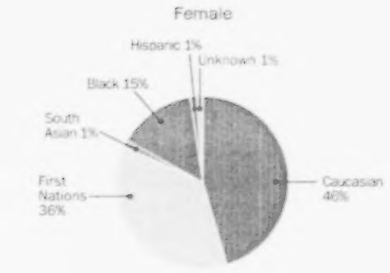


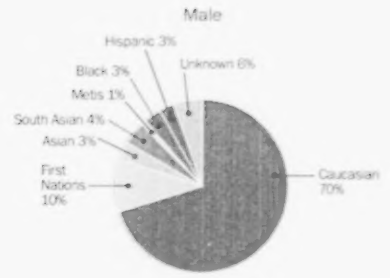




8.2 BC new HIV positive tests 2001







STD/AIDS Control staff

Staff List

Melanie Achen, Clinic Nurse

Catherine Astin, Outreach Nurse

Kelly Bains, Clinic Clerk

Jacqueline Barnett, Nursing Education Administrator

Lucy Barney, Program Manager, Chee Mamuk

Caroline Brunt, Outreach Nurse

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Donna Christensen, Clinic Nurse

Bill Coleman, Clinic Psychologist

Kathryn Collister, Outreach Nurse

Carlene Coplin, Clinic Clerk

Dr. Barbara Copping, Sessional Physician

Byron Cruz, Outreach Health Care Worker

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Lisa Elliott, Clinic Nurse

Doreen Fleury, Clinic Nurse

Ellen Fraser, Education Assistant

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Avril Hunyadi, Clinic Clerk

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Margaret Johnston, Clinic Nurse

Elaine Jones, Outreach Nurse

Dr. Hugh Jones, Clinic Physician

Rita Khamani, Administrative Assistant

Derek Kline, Clinic Nurse

Linda Knowles, Clinic Nursing Administrator

Witty Lau, Clinic Clerk

Patricia Lauener-Romses, Clinic Nurse

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Anne Lidstone, Clinic Nurse

Hang-Le Luong, Clinic Clerk

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Rob MacDougall, Research Officer

Doreen MacLauchlan, Clinic Nurse

Juanita Maginley, Outreach Nursing Administrator

Katarina Marcin, Clinic Nurse

Gwyneth McIntosh, Outreach Nurse

Dr. Deborah Money, Clinic Physician

Dr. Carolyn Montgomery, Sessional Physician

Wendy Murphy, Outreach Nurse

Shalen Ochoa, Clinic Clerk

Beth Pengelly, Clinic Nurse

Cheryl Prescott, Clinic Nurse

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Lisa Redekop, Outreach Nurse

Tony Rees, Clinic Nursing Supervisor

Betsy Reilly, Clinic Clerk

Dr. Michael Rekart, Director

Melanie Rivers, Educator, Chee Mamuk

Marian Sloos, Outreach Clerk

Daphne Spencer, HIV Surveillance & AIDS Case Reporting

Janine Stevenson, Outreach Nurse

Karen Stretch, Outreach Clerk

Pat Sutherland, Clinic Nurse

James Tigchelaar, Outreach Nurse Team Leader

Tara Willard, Administrative Assistant

Corrine Williams, Clinic Nurse, HIV Surveillance.

Bonnie Wing, Clinic Clerk

Yasmin Winsor, Outreach Nurse

Lynn Wittenberg, Clinic Nurse

Kathy Wrath, Outreach Nurse

Grace Young, Clinic Nurse

Norah Young, Office Manager

Dr. Margery Zapf-Gilje, Sessional Physician

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Chee Mamuk Program: 604-660-1673

HIV Surveillance: 604-775-2911

AIDS Case Reporting: 604-775-2911

West 12th STD Clinic: 604-660-6161

Bute Street STD Clinic: 604-660-7949

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